

Business Office:
530 E MONROE
BUCKEYE, AZ 85326
Mon - Thurs 7AM-5:30 PM

TOWN OF BUCKEYE

APPLICATION FOR UTILITY SERVICES

623-349-6100
623-344-6042 FAX
website: buckeyeaz.gov
email: utilitybilling@buckeyeaz.gov

Account #

REQUIRED INFORMATION

* All applicants must submit a copy of their Federal or State issued Photo ID *

Owners must submit a copy of their Final Escrow Settlement Statement

Renters must provide a signed copy of their Rental Agreement

Mgmt Co and listing agents will be required to provide a copy of their contract with the owner.

APPLICANT INFORMATION

TODAY'S DATE: _____ CONNECT DATE: _____

Your request must be received in our office at least **2 business days** prior to the requested connect date.
If your Connect Date is before Today's Date or the date received in our office, your account will be back billed.

PLEASE CIRCLE YOUR CUSTOMER TYPE: Owner Renter Mgmt Co Listing Agent

Property Location _____

Mailing Address _____

(if different from above) _____

Email Address _____

1. _____

Last Name

2. _____

Last Name

First Name

First Name

Social Security # and Drivers License #

Social Security # and Drivers License #

Home Telephone # _____

Work or Cell _____

Home Telephone # _____

Work or Cell _____

VALENCIA, VERRADO AND VISTA DE MONTANA RESIDENTS ONLY

Valencia and Verrado - The Town Of Buckeye provides garbage/recycling service only. Owners must retain responsibility for the service. Tenants cannot apply.

Vista De Montana and Blue Horizons: The Town of Buckeye provides garbage/recycling and sewer service only. Owners must retain responsibility for the service. Tenants cannot apply.

APPLICANT SIGNATURES

UNDER PENALTIES OF PERJURY, I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE INFORMATION STATED ABOVE IS TRUE, CORRECT, AND COMPLETE. IN ADDITION, YOUR SIGNATURE AUTHORIZES US TO RELEASE YOUR ACCOUNT BALANCE TO THE PROPERTY OWNER OR THEIR REPRESENTATIVE.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

Deposits are: Water \$125.00 || Sewer \$75.00 || Solid Waste \$30.00

New Connect and Solid Waste Collection Fees will reflect on the 1st bill.

Credit Card Deposit Authorization: (INFORMATION WILL BE DESTROYED AFTER PROCESSING)



Card Number _____

Exp Date _____ CCV # _____

Billing Address _____

City/St/Zip _____

Card Holder _____

Signature _____

Address

For Business Use Only

Can Order Date: